

CITY OF CHATTANOOGA

PLANS REVIEW

STANDARD OPERATING PROCEDURE



PLANS REVIEW

STANDARD OPERATING PROCEDURES (S.O.P.)

The purpose of this document is to inform all concerned of the process involved in plans review for development projects within the City of Chattanooga other than one and two family residential.

Pre-Submittal Meeting

In an effort to improve the efficiency and responsiveness of the process, a system for pre-submittal meetings has been initiated. In attendance are the staff members responsible for review of the site plans (civil drawings) from the appropriate agencies within the city. (SEE attachments H&I) At this time architects, developers, contractors, engineers and/or owners are afforded the opportunity to meet with the reviewers regarding their projects, prior to formally submitting their plans for review.

At this meeting the applicant is asked to make a brief presentation of their project and then the staff reviewers comment and state site specific requirements to be addressed for the project within the scope of their individual responsibilities. In attendance at the pre-submittal meetings are reviewers from Landscaping, Stormwater, Engineering, Traffic Engineering, Waste resources, Urban Forestry and Building Inspection. A site survey worksheet (Attachment A) is given to the applicant in advance, to assist in providing the review staff the information necessary to make the pre-submittal meeting as productive as possible. The applicant is encouraged to ask questions and to contact any member of the review staff for additional assistance. Also, they may schedule another pre-submittal meeting as the project evolves to assure that all requirements for submittal of a complete set of plans have been met.

Plans Submittal Requirements

1. 1. Plans are to be submitted to Suite 1000 of the Development Resource Center at 1250 Market Street, between 8:00 AM and 4:00 PM (Eastern Standard Time), Monday through Friday.
2. 2. Full plan sets include all building plans (architectural, structural, mechanical, gas, electrical, plumbing) and site plans (civil drawings). SITE PLANS MUST PROVIDE ALL REQUIRED INFORMATION TO BE ELIGIBLE FOR REVIEW. Plans must be clear and legible and drawn to scale. They must also be signed and sealed, as required by state law. Failure to submit a full set of plans will delay the review process. See Attachment B for contact information.
3. 3. Three full sets and five civil sets of plans are required for review.

4. 4. Site plans require specific information as prescribed in Attachment C. Attachment C must be filled out, signed by the person that prepared the plan, and submitted with the plans. Site plans will be submitted on size "D" (24 x 36) bond paper.
5. 5. Additionally, a completed Land Disturbing Activity Permit, (Attachment D), a completed Building Permit with a check for plans review (Attachment D-1), and a completed Plans Review Contact Form (Attachment E) are required for submittal.
6. 6. Additionally, a completed Land Disturbing Activity Permit (see Attachment D for example) and a completed Plans Review Contact Form (Attachment E) are required for submittal.
7. 7. Sprinkler plans must be submitted directly to the local Fire Marshall's office on Amnicola Highway.
8. 8. Complete sign plans must be submitted directly to the Chief Sign Inspector for review.
9. 9. If all required information is provided which meets City standards and policy, the objective is to complete the review process from log-in to issuance of the Land-Disturbing Permit within ten working days.
10. 10. See Attachment F for plans review routing.

Plans Review Process

If during the review, a reviewer has a need for further information to complete or approve a set of plans, the reviewer will use the Plans Review Contact Form (Attachment E) to notify all parties concerned of the need for additional information. Prompt response to the request for additional information will assist in the completion of the review process in a timely manner.

To prevent a backlog of plans whose review has extended beyond the expected review period, the Plans Review Contact Form will be used to contact all concerned parties that the review process has been suspended and that the plans, as submitted, may be retrieved at the plans review office. A written notice to this effect will be sent to all parties concerned. (see Attachment J)

If, after 10 working days, the plans are not retrieved, it will be assumed that the plans, as submitted, have no value to the parties involved and the plans will be discarded.

ATTACHMENT "A"

Site Survey Worksheet

Your ability to provide the following information at the Presubmittal Meeting will substantially increase the productivity of the meeting.

The Technical Information Center is an excellent source for much of this information. It is located on the **2nd floor of the Development Resource Center, Suite 2100.**

423-757-5124

- 1) **1) Location of Project**
 - a. a. Street Address # _____ Street Name _____
 - b. b. Nearest Cross Streets _____, _____
 - c. c. Tax Map # _____ - _____ - _____
- 2) **2) Zoning for property involved and for adjacent properties.**
 - a. a. _____ Property
 - b. b. _____ Adjacent Properties
- 3) **3) Are there "special zoning requirements, design criteria, or conditions" on the property?**
 - a. a. If Yes: what are they: _____ (attach a copy of zoning case, design criteria, or Board of Appeals case)
- 4) **4) Locations of Utilities (On property or on adjacent streets)**
 - a. a. Sewer
 - i. _____
 - ii. _____
 - iii. _____
 - b. b. Power
 - c. c. Water
 - i. _____
 - ii. _____
 - d. d. Catch basins
 - e. e. Gas
 - i. City Mains
 - ii. Service Tees, Wyes, stubs
 - iii. Manholes
 - i. Lines
 - ii. Fire service and hydrants
- 5) **5) Location of Utility Easements (Sewer, Gas, Water, power lines)**
 - a. a. Do they exist? ____ Yes ____ No
 - b. b. Location on Property
- 6) **6) Drainage Easements**
 - a. a. Do they exist? ____ Yes ____ No
 - b. b. Location on Property
- 7) **7) Location of Overhead Power lines. (high voltage, telephone, cable)**
 - a. a. Do they exist? ____ Yes ____ No
 - b. b. Type _____
 - c. c. Location on or adjacent to property
 - i. _____
 - ii. _____
 - i. On Street: _____, _____.
 - ii. Across Property ____ Yes, ____ No
- 8) **8) Publicly owned Trees adjacent to Project**
 - a. a. Existence ____ Yes ____ No
 - b. b. Location in reference to property. _____
- 9) **9) Show Existing Parking & Driveways**
- 10) **10) What is the square footage of:**
 - a. a. Existing Building/s _____
 - b. b. Expansion / New Building/s _____
 - c. c. Warehouse / storage space _____
 - d. d. Retail Space _____

ATTACHMENT "B"
CITY/COUNTY DEPARTMENT PHONE NUMBERS

Building Inspection (Plans Review) 423/643-5800
1250 Market Street
Suite 1000
Chattanooga, TN 37402

Development Ombudsman (Engineering) – Joel Booth 423/643-5812
1250 Market Street
Suite 1000
Chattanooga, TN 37402

Fire Marshall's Office 423/643-5649
910 Wisdom Street
Chattanooga, TN 37406

Hamilton County Health Department 423/209-8110
921 East 3rd Street
Chattanooga, TN 37402

Environmental Health (Groundwater/Flood) 423/209-7782
1250 Market Street, Suite 1030
Chattanooga, TN 37402

Regional Planning Commission (Zoning) 423/668-2287
1250 Market Street
Suite 2000
Chattanooga, TN 37402

Sanitary Sewer Location 423/643-6033
1250 Market Street, Suite 2100
Chattanooga, TN 37402

Stormwater Management 423/643-5877
1250 Market Street, Suite 2100
Chattanooga, TN 37402

Urban Forestry Inspector/Landscaping – Jerry Jeansonne 423/643-5885
1250 Market Street, Suite 1000
Chattanooga, TN 37402

Traffic Engineering – Jason Payne 423/643-5815
1250 Market Street, Suite 1000
Chattanooga, TN 37402

ATTACHMENT "B" continued

CITY/COUNTY DEPARTMENT	PHONE NUMBERS
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Waste Resources/Sanitary Sewer – Eric Douglas 1250 Market Street, Suite 1000 Chattanooga, TN 37402	423/643-5814
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Air Pollution Control Board 6125 Preservation Drive Chattanooga, TN 37416	423/643-5970
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Planning & Design Studio 1250 Market Street Suite 3010 Chattanooga, TN 37402	423/668-2262
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UTILITIES

PHONE NUMBERS

Electric 537 Cherry Street Chattanooga, TN 37402	423/756-2706
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Gas Atlanta Gas/Light Company	1-800/427-5463
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Telephone BellSouth Telephone	423/557-6011
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Water Tennessee American Water Company New Development of Construction Hixson Utility Eastside Utility	423/757-7527
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Cable Television Comcast Cable	423/855-4300
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ATTACHMENT “C”

Stormwater & Erosion Control Checklist

- ☐ Provide Note “**Disturbed Acreage** = _____.”
- ☐ Provide **NOI, NOC, or NPDES** permit if Disturbed Acreage is ≥ 1.0 acre.
- ☐ Provide Notes “**Preconstruction Impervious Acreage** = _____.”
“**Postconstruction Impervious Acreage** = _____.”
- ☐ If construction results in an increase in impervious acreage, provide a Hydrology Report from a TN P.E. (2 copies). The Hydrology reports should provide information as follows:
 1. Model the 2,5,10,25, and 100-year storm events Pre and Post development.
 2. If a runoff increase is calculated ≥ 0.1 CFS for the 2 through 25 yr storm events, then provide detention.
 3. Size pond to detain the 25 yr storm event.
 4. Provide staged release for the 2 through 25 year storm events.
 5. Provide summary table on Page One clearly stating all assumptions and design conclusions.
 6. Demonstrate and provide certification that pond outfall structure or piping operates under inlet control for the 2 through 25 yr storm event if inlet control is assumed.
- ☐ Capture and filter the first flush (first $\frac{3}{4}$ inch site rainfall).
- ☐ Label all site storm water outfalls and provide energy dissipation (rip-rap, etc.)
- ☐ Provide oil skimmers before storm flow reaches the pond or public storm sewer if drainage is from paved parking.
- ☐ Provide Note “**Number of Oil Skimmers** = _____.”
- ☐ Provide Pond dimensions and volume. An inventory of constructed drainage and Engineers Certification will be required prior to the release of the Certificate of Occupancy.
- ☐ Provide a detail drawing of the staged release outlet structure.
- ☐ Show pond outfall structures and pipes with pipe sizes and materials.
- ☐ Provide a paved emergency spillway for pond.
- ☐ Provide Note “**Owners Representative for Erosion Control Maintenance Name and Phone #.**”
- ☐ Provide Note “**Site erosion controls shall be checked and if necessary, repaired weekly and within 24 hours after each rainfall $\geq \frac{1}{2}$. In the event of continuous rainfall, erosion controls shall be checked daily.**”
- ☐ Provide and label a Concrete Truck Washout Area (if concrete is to be used in project).
- ☐ Provide Note “**All areas to remain bare > 15 days must be temporarily stabilized.**”
- ☐ Provide 100 year flood elevation for pre and post development on Grading, Site and Erosion Control Plan.
- ☐ Provide Note “**Project is above the 100 year flood elevation as determined by FEMA flood map _____ Dated Nov 7, 2002.**” If a 100-yr flood elevation has not been established, then please state. Note: This may be placed on Grading and Site Plan.
- ☐ Please show and label existing floodways as a shaded area. Note: This may be placed on the grading plan.
- ☐ Provide a Land Disturbing permit (complete with signature of owner or general contractor) with plans submittal.
- ☐ Provide a completed, signed and stamped Stormwater Calculation Summary Sheet with plans submittal.

ATTACHMENT "C" Continued

Stormwater Calculation Summary Sheet



PROJECT NAME

DATE

ADDRESS

HYDROLOGIC METHOD USED :

- ☐ Rational
☐ Modified Rational
☐ SCS

(Check One)

TOTAL AREA (Acreage)

PRE-CONSTRUCTION CONDITIONS

Pervious Area, Ac
 Impervious Area, Ac
 Time of Concentration

C or CN Factor
 C or CN Factor
 Method for Tc

POST-CONSTRUCTION CONDITIONS

Pervious Area, Ac
 Impervious Area, Ac
 Time of Concentration

C or CN Factor
 C or CN Factor
 Method for Tc

RUNOFF RESULTS

Storm Event	Pre-Development Peak Flowrate, cfs	Post-Development Peak Flowrate, cfs	Routed (detention) Flowrate, cfs
2 year			
5 year			
10 year			
25 year			
100 year			

DETENTION VOLUME REQUIRED, cubic feet

MULTI-STAGE OUTLET REQUIRED

FIRST FLUSH VOLUME, cubic feet

WATER QUALITY TREATMENT METHOD

☐ Yes ☐ No

(check)

PROFESSIONAL ENGINEER CERTIFICATION

NAME

SIGNATURE

TN PE LICENSE

Engineer's Seal Here

ATTACHMENT "C" Continued

NEW CONSTRUCTION or ADDITION

x = required

Three (3) Full sets of plans attached	<input type="checkbox"/>	x
Five (5) Separate Civil sets	<input type="checkbox"/>	x
Completed Building Permit with Plans Review Fee	<input type="checkbox"/>	x
Completed Land Disturbing Activity Permit	<input type="checkbox"/>	x
Completed Plans Review Contact Form with Complete Address & Fax Number	<input type="checkbox"/>	x

COMPLETE SITE PLAN DRAWN TO SCALE (1:40, 1:30 or 1:20)

1. Title of Project w/Address & Parcel Number	<input type="checkbox"/>	x
2. Date of Preparation and All Revisions	<input type="checkbox"/>	x
3. Legend on each page	<input type="checkbox"/>	x
4. Graphic scale (not less than 1" = 40')	<input type="checkbox"/>	x
5. Location map (Recorded Plat or Boundary Survey Stamped and Signed by Licenced Surveyor)	<input type="checkbox"/>	x
6. Site Plan with adjacent property shown, Buildings Correctly located and labeled and compass orientation of the parcel shown.	<input type="checkbox"/>	x
7. Zoning of property and surrounding properties	<input type="checkbox"/>	x
8. Bldg location with dimensions, sq ft, F.F.E. and lot dimensions	<input type="checkbox"/>	x
9. Dimensions from bldgs to property lines & easements.	<input type="checkbox"/>	x
10. Location of all easements and utilities, public & private w/dimensions	<input type="checkbox"/>	x
11. Show flood elevations (100-year flood) and floodways	<input type="checkbox"/>	if appl.
12. Show walks, truck loading areas and driveways	<input type="checkbox"/>	x
13. Corrective plat	<input type="checkbox"/>	if appl.
14. Curb, gutter, sidewalk plan	<input type="checkbox"/>	if appl.
15. Parking layout with entrances, exits and parking ratios	<input type="checkbox"/>	x
16. Landscaping layout or note as to why not applicable	<input type="checkbox"/>	x
17. Building Code Synopsis on first page	<input type="checkbox"/>	x
18. Location and case number of all granted variances	<input type="checkbox"/>	if appl.
19. Dumpster Area with Enclosure Details	<input type="checkbox"/>	if appl.
20. Parking Plan showing required spaces; label Handicap, Regular and Van	<input type="checkbox"/>	x
21. Construction entrances and exits	<input type="checkbox"/>	x
22. Concrete wash-out area	<input type="checkbox"/>	x
23. Street names	<input type="checkbox"/>	x
24. Property relationships to streets and all rights-of-way	<input type="checkbox"/>	x

STORMWATER

1. Stormwater plan / erosion control / grading plan w/City notes	<input type="checkbox"/>	if appl.
2. Hydrology Report (increase of imperviousness) x 2	<input type="checkbox"/>	if appl.
3. Notice of Intent (NOI) {1+ acre}. NOC required before permit will be issued.	<input type="checkbox"/>	if appl.
4. Detention/Retention pond or wetland volume and dimensions	<input type="checkbox"/>	if appl.
5. Existing and planned topographic survey	<input type="checkbox"/>	if appl.
6. Existing and proposed contours (5' intervals or less)	<input type="checkbox"/>	if appl.
7. Site drainage	<input type="checkbox"/>	if appl.
8. New & existing storm drain structures & detention facilities & tie-in to City system	<input type="checkbox"/>	if appl.
9. Plan & profile view for all City sewers to be constructed or modified w/all dimensions & utility relationships (including cuts and fills)	<input type="checkbox"/>	if appl.

FLOOR PLAN

1. Interior partition(s) with dimensions	<input type="checkbox"/>	
a. Label all rooms and spaces as to use	<input type="checkbox"/>	x
b. Label all rated walls & partitions - Ext. & Int.	<input type="checkbox"/>	x
2. Show all openings in int & ext walls	<input type="checkbox"/>	x
3. Show openings in floor/ceiling assemblies with dimensions.	<input type="checkbox"/>	x
4. Door, Window, finish schedule.	<input type="checkbox"/>	x
5. Show plan view of footing layout.	<input type="checkbox"/>	x
6. Show sectional of footings	<input type="checkbox"/>	x

ROOF DETAILS

1. Roof Plan	<input type="checkbox"/>	x
2. Roof Framing Plan	<input type="checkbox"/>	x

ELEVATION DRAWINGS

1. Complete elevation drawings	<input type="checkbox"/>	x
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ATTACHMENT "C" Continued

SECTIONAL DRAWINGS

1. Vertical Wall Section Exterior	<input type="checkbox"/>	x
2. Vertical Wall Section Interior	<input type="checkbox"/>	x
4. Sill section	<input type="checkbox"/>	x
5. Beam details	<input type="checkbox"/>	x
6. Cornice section	<input type="checkbox"/>	x
7. Stairway section	<input type="checkbox"/>	if appl.

MEPs

1. Electrical drawings incl. riser diagram	<input type="checkbox"/>	if appl.
2. Mechanical Drawings incl. vents	<input type="checkbox"/>	if appl.
3. Plumbing incl. riser diagram and/or gas piping drawings	<input type="checkbox"/>	if appl.

HANDICAP DETAIL FOR COMMERCIALY USED MOVED BLDGS

1. Plan view dimension restrooms	<input type="checkbox"/>	x
2. Show required turning radius	<input type="checkbox"/>	x
3. Elevation view with dimensions	<input type="checkbox"/>	x

NOTES:

1. Check all boxes that apply.
2. All applicable items must be checked prior to submittal.
3. X=A plan required item
4. The Civil set of plans shall consist of Separate 24" x 36" (D size) sheets for each plan above.
5. Although a landscaping plan may be submitted for a planting plan during the first submittal, an approved planting plan is required before the Certificate of Occupancy will be issued.
6. Landscaping plans and planting plans may be combined with the traffic plan.
7. Failure to submit plans in the required format will result in non-review by the city and will delay permitting.

I hereby certify that the above information is present and accurately represented on the

plans submitted to the City of Chattanooga on this day _____, 2007.

By:

(Signature)

(Print name)

Title:

Permit No. **B-**
Job No. _____

Permit Fee \$ _____
Double Fee, if applicable \$ _____
Technology Fee \$ 10.00
Adm. Charge \$ 5.00
Total Fee \$ _____

NOT REFUNDABLE

**CITY OF CHATTANOOGA
APPLICATION FOR BUILDING PERMIT
LAND DEVELOPMENT OFFICE
643-5800**

STATE TAX MAP NUMBER

Map	Group	Parcel
-----	-------	--------

PROPERTY LOCATION

Street Number	Lot / Apt. Number
Street Name	Street Type
Zip Code	Direction

OWNER INFORMATION

Name		
Street Address		
City	State	Zip Code
Area Code	Phone Number	
Ownership is: <input type="checkbox"/> Private <input type="checkbox"/> Public (Government)		

OCCUPANT INFORMATION

Name	
Area Code	Phone Number

TYPE OF WORK

1. ☐ NEW CONSTRUCTION
2. ☐ ALTERATION
3. ☐ REPAIR/REPLACE
4. ☐ DEMOLITION
5. ☐ MOVE
6. ☐ ADDITION

PROPERTY OCCUPIED/USED AS

1. ☐ INSTITUTIONAL
2. ☐ RESIDENTIAL
3. ☐ INDUSTRIAL
4. ☐ COMMERCIAL
No. of tenant spaces, non-residential _____
No. of dwelling units, if residential. _____
No. of buildings, if multi-family residential. _____

CONTRACTOR INFORMATION

Contract Value \$		
State Lic.	City Bus. Lic.	Phone
Contractor Name		
Street Address		
City	State	Zip Code

ARCH./ENGR. INFORMATION

State Lic.	City Bus. Lic.	Phone
Arch./Engr. Name		
Street Address		
City	State	Zip Code

AGENT INFORMATION

Name of Agent		
Address of Agent		
City	State	Phone

Certificate of Occupancy Fee:

PLANS REVIEW FEE:	Amount	Date Paid:
Fee Adjustment \$ (if Applicable)	Amount	Approved
What is to be built installed, moved, repaired, renovated, or demolished (Explain in detail or attach general description of proposed work).		
Sewer Verification	Septic	Dye Test
Zoning Classification:		
Flood District:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Elevation:
Historic District:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Overlay District:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Fire District:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
P.U.D.	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Variance Granted:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Case No.
Federal Classification Code: (For Office Use Only)		

The undersigned does hereby declare that the statements contained in this document and on the reverse side hereof, are true and correct to the best of his or her knowledge, information and belief.

Owner or Agent's Printed Name

Owner or Agent Signature

PERMIT SHALL BECOME INVALID IF AUTHORIZED WORK IS NOT COMMENCED WITHIN SIX (6) MONTHS AFTER ISSUANCE OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX (6) MONTHS.

FOR ALL DEMOLITIONS, ALL MOVES, AND ALTERATION OF INSTITUTIONAL, RESIDENTIAL WITH MORE THAN FOUR DWELLING UNITS, INDUSTRIAL, OR COMMERCIAL PROPERTIES:

This permit shall not be valid until final approval to proceed is received from the Air Pollution Control Bureau. To avoid costly non-compliance penalties, Per City code: Demolition shall not begin until sewer is properly capped at the property line and inspected by the City of Chattanooga's Inspection Division.

NOTICE - This permit is issued with the distinct understanding that the building for which this Permit is issued is to be built in strict accordance with all adopted codes of the City of Chattanooga, Tennessee.

Persons performing construction work under this permit must observe all Federal, State and local codes.

For _____ Building Official
By _____ Date _____

THIS DOCUMENT BECOMES THE BUILDING PERMIT WHEN SIGNED FOR OR BY THE BUILDING OFFICIAL.

CITY OF CHATTANOOGA

PUBLIC WORKS DEPARTMENT
LAND DEVELOPMENT OFFICE
DEVELOPMENT SERVICES DIVISION
APPLICATION FOR
LAND DISTURBING PERMIT

Basin _____

STATE TAX MAP NUMBER

Map	Group	Parcel
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PROPERTY LOCATION

Street Number _____ Apt. Number _____
Street Name _____
Zip Code _____ Direction _____

PROPERTY OWNER INFORMATION

Name _____
Street Address _____
City, State, Zip Code _____
(Area Code) Phone Number (____) _____

Owner is 1. _____ Private 2. _____ Public

Tenant Name If Different from OWNER _____

TYPE OF WORK

1. _____ New Construction 4. _____ Demolition ONLY
2. _____ Alteration/Addition 5. _____ Fill ONLY
3. _____ Repair/Replace 6. _____ Excavation or clearing ONLY

PROPERTY OCCUPIED/USED AS ZONED

1. _____ Institutional 3. _____ Industrial
2. _____ Residential 4. _____ Commercial

How is this property zoned? _____

How are the adjacent properties zoned? _____

LANDSCAPE APPROVAL: New Construction, Alterations and Repair/Replace projects are subject to the Landscape Ordinance No. 10692. Approval must be obtained before issuance of this permit.

☐ Landscape Plan Approved ☐ N/A
☐ Planting Plan Approved ☐ Submit Planting Plan

By: _____ Date: _____
Landscape Approval

Date: _____ Permit No. _____
Job Number _____
Permit Fee (\$30/acre--\$100 Minimum) \$ _____
Double Fee (if applicable) \$ _____
Residential Fill Fee \$25.00 (if applicable) \$ _____
Technology Fee \$10.00
Administrative Fee \$5.00
Total Fee \$ _____

CONTRACTOR INFORMATION

Contract Value \$ _____
State Lic. _____ City Business Lic. _____
Fax Number (____) _____
Phone Number (____) _____
Contractor Name _____
Street Address _____
City _____ State _____ Zip Code _____
The owner and contractor are to perform all work in accordance with City Ordinances 9942, 10111, 10670, 10708 and 10692.

CONTACT INFORMATION

Project Contact	Company	Phone Number
Architect Contact	Company	Phone Number
Engineer Contact	Company	Phone Number
Erosion Control Maintenance Contact		Phone Number

APPLICANT INFORMATION

I certify under the penalty of law that I have examined and am familiar with the information submitted and believe the submitted information to be true and accurate.

Property owner or general contractor (print)

Company

Signature _____ Date _____

REQUIRED INFORMATION TO BE INCLUDED WITH PLANS

DISTURBED ACREAGE

For sites 1 acre and over of a larger development, a NPDES Construction Stormwater Permit must be obtained before issuance of this permit. Please attach a copy of this permit or copy of the completed Notice of Intent to this application.

Copies of Civil site plan, including erosion controls, detention, drainage calculations, landscape plan and/or planting plan must be submitted in addition to architectural plans at the Building Inspections Office 757-5105.

Proposed Starting Date

Completion Date: this permit will expire on this date if an extension is not requested in writing within 30-days of termination.

NOTE: City drainage, storm sewers and sanitary sewers with easements must be shown on plans

Persons performing construction work under this permit must observe Tenn. Law. (Pub. Chap. 289 Acts of 1955) providing for precautions to be taken in vicinity of high voltage wires.

LAND DISTURBING PERMITS ISSUED FOR FILLING IN, OR ADJOINING, RESIDENTIAL ZONED PROPERTIES ARE VALID FOR A PERIOD OF ONE-YEAR FROM DATE OF ISSUANCE. IN ADDITION, SPECIAL REGULATIONS APPLY. SEE CITY ORDINANCE 10708.

By _____ Date _____
Land Development Official

By _____ Date _____
Sanitary Sewer Approval

By _____ Date _____
Urban Forestry Approval

THIS DOCUMENT BECOMES THE LAND DISTURBING ACTIVITY PERMIT WHEN SIGNED FOR OR BY THE LAND DEVELOPMENT OFFICIAL AND PURCHASE RECEIPT IS ATTACHED.

ATTACHMENT “E”

Plans review contact form

Used by reviewers during plans review process to gain further information or to notify all parties concerned of permit issuance OR suspension of review.

PROJECT NAME _____

PROJECT ADDRESS _____

PRIMARY CONTACT _____

ADDRESS _____

PHONE NO. _____ **FAX NO.** _____

E-MAIL ADDRESS: _____

PROPERTY OWNER _____

ADDRESS _____

PHONE NO. _____ **FAX NO.** _____

E-MAIL ADDRESS: _____

ARCHITECT _____

ADDRESS _____

PHONE NO. _____ **FAX NO.** _____

E-MAIL ADDRESS: _____

ENGINEER _____

ADDRESS _____

PHONE NO. _____ **FAX NO.** _____

E-MAIL ADDRESS: _____

CONTRACTOR _____

ADDRESS _____

PHONE NO. _____ **FAX NO.** _____

E-MAIL ADDRESS: _____

ATTACHMENT "F"

PLANS REVIEW ROUTING

PLANS SUBMITTAL REQUIREMENTS
(Pre-Submittal Meeting)



PLANS SUBMITTED AND LOGGED IN



TECHNICAL SITE REVIEW
(See Attachment G)



SITE REVIEW (Civil Drawings)
(See Attachment H)

- • Engineering
- • Urban Forestry
- • Traffic Engineering
- • Sanitary/Combined Sewer
- • Stormwater Management
- • Landscaping



LAND DISTURBING PERMIT MAY BE ISSUED AT THIS TIME



BUILDING REVIEW
(See Attachment I)

- • Architectural
- • Structural
- • Fire/Life Safety
- • Mechanical
 - • Gas
 - • Electrical
 - • Plumbing

PLANS APPROVED



BUILDING PERMIT ISSUED



↓ CONSTRUCTION & INSPECTION

CERTIFICATE OF OCCUPANCY

ATTACHMENT "G"

SITE REVIEW

Plans are checked for the following site requirements:

- • Location Map
- • Street Name and Address
- • Copy of Current Tax Map
- • Name & Address of Owner/Developer
- • Engineer/Preparer & Contact w/Phone Number
- • Title of Project w/Address & Parcel Number
- • Date of Preparation and all Revisions
- • Legend
- • Graphic Scale(Not less than 1" = 40')
- • Labeled Buildings Correctly Located
- • Compass Orientation of Lot
- • Property Zoning
- • Zoning of Adjoining Properties
- • Building Dimensions w/sq. ft.
- • Boundary Lines w/Lot Dimensions
- • Location & Size of all Utilities including Storm and Sanitary Sewers
- • Property Relationships to Streets and All Rights-of-way
- • 100 Year Flood Elevation
- • Location & Size of all Easements
- • Setback Dimensions

ATTACHMENT “H”

Site review

- • **ENGINEERING – Joel Booth – 423/643-5812**

Reviews plans for requirements regarding streets, curbs, gutters, sidewalks and subdivisions and re-platting of properties.

- • **URBAN FORESTRY – Jerry Jeansonne – 423/643-5885**

Reviews plans to determine if project will impact on publicly owned trees.
Reviews street yard tree plantings for compliance with utility line requirements and coordinate with streetscape projects.

- • **TRAFFIC ENGINEERING – Jason Payne – 423/643-5815**

Reviews plans for impacts to local traffic, access to the site, capacity required for parking lots, and requirements for handicap parking in compliance with city codes and zoning ordinances.

- • **SANITARY/COMBINED SEWER – Lee Starnes – 423/643-5386**
- **Eric Douglas – 423/643-5814**

Reviews plans for impact on and use of the city’s sewer system.

- • **STORMWATER MANAGEMENT – Lee Starnes – 423/643-5386**
- **Eric Douglas – 423/643-5814**

Reviews plans for compliance with stormwater ordinance and for compliance with erosion control measures.

- • **LANDSCAPING – Jerry Jeansonne – 423/643-5885**

Reviews plans for compliance with landscape ordinance.

ATTACHMENT “I”

Building review

Contact: Dallas Rucker 423/643-5802

**Plan requirements are available in the Development Resource Center,
Suite 1000, 1250 Market Street.**

**The Code Synopsis shall be in compliance with Appendix F of the Tennessee
Architectural and Engineering Handbook (at back of this booklet).**

- • **ARCHITECTURAL**

Review to insure compliance with International Building Code, Accessibility Code (physically disabled), Council of American Building Officials, and ICC Energy Code. Please include Life Safety Plan.

- • **STRUCTURAL**

Review to insure compliance with structural load requirements per occupancy, snow, wind, and seismic loading.

- • **FIRE/LIFE SAFETY**

Review to insure compliance with Life Safety Code, and International Fire Code.

- • **MECHANICAL**

Review to insure compliance with International Mechanical Code.

- • **ELECTRICAL**

Review for compliance with the National Electrical Code.

- • **PLUMBING**

Review for compliance with the International Plumbing Code.

- • **SIGN**

Review for compliance with local sign ordinance.

ATTACHMENT "J"

NOTICE OF PLANS REVIEW SUSPENSION

Letter of Notification

Date: _____

BY CERTIFIED MAIL

Return Receipt # _____

To: _____

From: The Plans Review Committee

Re: Site Development Plan for: _____; Tax Map Number ____ ____

We have reviewed the plan submitted and the following deficiencies require your action:

Incomplete or missing Sanitary Sewer Plan. Eric Douglas: 423-643-5814
Comment:

Incomplete or missing Stormwater Plan. Lee Starnes: 423-643-5836
Comment:

Incomplete or missing Landscape Plan. Jerry Jeansonne: 423-643-5885
Comment:

Incomplete or missing Parking Plan. Jason Payne: 423-643-5815
Comment:

Incomplete or missing Urban Forestry Plan. Jerry Jeansonne: 423-643-5885
Comment:

Incomplete or missing Street Improvements Plan. Joel Booth: 423-643-5812
Comment:

Incomplete or missing Building Plan: Perry Mayo or David Mumpower: 423-643-5800
Comment:

You were last contacted on _____ by _____ requesting attachments or revised plans reflecting the deficiencies noted above. To date we have not received the requested attachments or plans. You must submit the plans within ten (10) days of receipt of this letter to retain your plans in the active review process.

If the project has been indefinitely delayed or canceled, please notify Perry Mayo or David Mumpower with the details and the plan will be removed from the review system. Perry Mayo or David Mumpower: 423-643-5800.

Please note that a pre-submittal review opportunity is available to anyone interested. We offer this service with the goal of speeding the plans review/permitting process. We look forward to assisting you with the completion of your project.

Sincerely,

The Plans Review Committee

APPENDIX F

COVER SHEET FOR PLANS SUBMISSIONS

PROJECT NAME:

PROJECT ADDRESS:

PROJECT DESCRIPTION (Scope of Work):

FIRE DISTRICT:

PROJECT CONTACT PERSON: (Registered Architect or Professional Engineer in Responsible Charge)

ARCHITECTS/ENGINEERS/LANDSCAPE ARCHITECTS: List all names and pertinent information for each registrant (architect, engineers, and landscape architect) involved in the project. Include each engineering discipline represented in the project (civil, electrical, mechanical, plumbing, structural)

Name: _____

Company Name: _____

Phone (including area code): _____ (ofc.)

_____ (fax)

E-Mail Address (if applicable) _____

Tennessee License Number: _____

Design Codes/Edition ICC _____ SBCCI _____ NFPA _____

Handicapped Code Edition Used NCHC _____ CABO/ANSI _____

Type of Construction ICC _____ SBCCI _____ NFPA _____

Occupancy Group(s) ICC _____ SBCCI _____ NFPA _____

Number of Stories (excluding basement unless educational or assembly occupancy) _____

Height of Building from Average Grade _____

Building Area Per Story _____ Existing _____ Proposed _____

Occupant Load Per Floor ICC _____ SBCCI _____ NFPA _____

Required Exit Width Per Floor ICC _____ SBCCI _____ NFPA _____

Number of Parking Spaces Required _____ Proposed _____ Handicapped _____ Van _____

Fire Protection hourly ratings for all structural components and separation of hazards components required by the applicable building code.

_____ Edition of the SBC _____ Edition of the IBC

_____ Columns	_____ Beams	_____ Walls
_____ Floor/Ceiling	_____ Roof/Ceiling	_____ Roof Covering
_____ Corridors	_____ Shaft Enclosures	_____ Stair Enclosure
_____ Tenant Separations	_____ Occupancy Separations	

Sprinkler System Type _____ **Standpipe System** _____

APPENDIX F Continued

Fire/Smoke Alarm System: _____

Abbreviations Used and Meaning: _____

WATER SUPPLY DATA (FROM NEAREST HYDRANT TO SITE)

Provide the following flow test data on the plans for hydrant(s) used to meet the 500 feet or less hose lay requirement in accordance with the local authority having jurisdiction. [State Fire Marshal's Office Policy based on NFPA 24 4.2.1]. Show flow test data next to the hydrant tested. Flow test must have been conducted within the last six months from start of design process.

a. Static pressure _____ psi

Residual pressure _____ psi (20 psi minimum)

Flow _____ gpm (500 gpm minimum)

Tennessee Department of Environment and Conservation Rules and Regulations 1200-5-1-.17, paragraph 18.

b. Party responsible for taking test (name and address)

c. Date test taken: _____ Time test taken: _____ am/pm

c. Elevation of test hydrant: _____

General Notes:

- Identify use of rooms and spaces.
- Show area increase calculations per SBC 503.3 and SBC 503.4 or ICC
- Show wall ratings on structural, mechanical, plumbing, electrical, and fire protection drawings.
- Provide design live load values on plans for wind, snow, roof, floor, stairs, guard and hand railings, seismic per SBC 1607.1.2, etc. [SBC Chapter 16] or ICC
- Identify any exceptions/appeals/equivalencies and authority granting approval.

Note: This plans cover sheet was developed during discussions with the State Fire Marshal's Office and local Codes Enforcement Officials and should be used as a guideline when submitting plans to the designated reviewing authority.